REST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

CLAIMS AS FILED - PART I									SMALL	. ENTITY		OTHER	R THAN
FOR			(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE		OR		
			*****		*	TVOIVIDEN	EAIDA	4	RATE	FEE		RATE	FEE
BASIC FEE					- 2 0		. 2. 2. W (c. 145.)		enitri	345.00	OR		690.00
TOTAL CLAIMS 6 minus 20= *							X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 3 = *						<u> </u>		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=	<del> </del>	1		4/	
* If the difference in column 1 is less than zero, enter "0" in column 2									ļ	OR	+260=	260	
CLAIMS AS AMENDED - PART II									TOTAL		OR	TOTAL	950
(Column 1) (Column 2) (Column 3)								•	OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		REM	AIMS AINING TER		١	HIGHEST NUMBER EVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL
			DMENT	1. The state of th	99.2	PAID FOR	EXTRA			FEE			FEE
	Total	. /	0	Minus	**	20	=		X\$ 9=	<u> </u>	OR	X\$18=	
AM	Independent FIRST PRESE	NTATIC	N OF M	Minus	PEND	S ENT CLAIM	=		X39=		OR	X78=	
			11 01 111	OLIN EL DE	LIND	LIVI OLAIM			+130=		OR	+260=	
								I.,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			ımn 1)		(C	olumn 2)	(Column 3)	•	NDUII. FEE		<b>-</b>	ADDII. FEE	
AMENDMENT B		REM	AIMS AINING TER		١	HIGHEST HUMBER EVIOUSLY	PRESENT		RATE	ADDI- TIONAL	] [	RATE	ADDI- TIONAL
			DMENT			AID FOR	EXTRA		TIATE	FEE	] ]	DATE	FEE
S	Total	* ×		Minus	**	0	= /	İ	X\$ 9=		OR	X\$18=	
A	Independent FIRST PRESE	* C	N OE MI	Minus	***	5 ENT CLAIM	=	ſ	X39=		OR	X78=	
	THEOL	IVIAIIO	OF WIC	DETIFEE DEI	END	ENT CLAIM			+130=		OR	+260=	
								L	TOTAL DDIT. FEE			TOTAL	-
•		(Colu	mn 1)		(Co	olumn 2)	(Column 3)	^	DDII. FEE I		• /	ADDIT. FEE	
AMENDMENT C		CLA REMA	IMS INING			IGHEST UMBER	PRESENT	Г		ADDI-	[		ADDI-
		AF AMENI	TER DMENT	4.75	PRE	AID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
2	Total	*		Minus		DV.	re	$\perp$	-X\$ 9=		OR	X\$18=	· ·
AME	Independent	*	<u>-</u>	Minus	***		=	F	X39=		<u> </u>	X78=	
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	PENDE	NT CLAIM		H			OR	7.70-	
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
7	he "Highest Numl	ber Previ	ously Paid	For" (Total or	Indepe	endent) is the	highest number	foun	d in the app	ropriate box	in colu	mn 1.	ļ